

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **THE 60 PLUS ASSOCIATION**(b) Address (number and street) ☐ check if different than previously reported
515 KING STREET, SUITE 315(c) City, State and ZIP Code
ALEXANDRIA

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001671**3. Is This Statement**☐ **New**

or

☒ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
04 / 09 / 2014

through

M M M / D D D / Y Y Y Y Y
04 / 10 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
04 / 09 / 2014(b) Communication Title Take Over**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Amy Frederick

(b) Address (number and street)

515 King Street
Suite 315

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

The 60 Plus Association

(e) Occupation

President

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

206835.32

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Amy FrederickSIGNATURE Amy Frederick[Electronically Filed] DATE 06/10/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.